

IDAHO INTRASTATE MOVEMENT OF DOMESTIC CERVIDAE
THIS CERTIFICATE IS FOR INTRASTATE TRANSPORTATION OF CERVIDAE SUBJECT TO THE
CONDITIONS AND INSTRUCTIONS IN IDAHO RULES GOVERNING DOMESTIC CERIVADE

NAME OF SELLER/OWNER				NAME OF BUYER/RECEIVER				
ADDRESS				ADDRESS				
PHONE				PHONE				
SPECIES <input type="checkbox"/> ELK <input type="checkbox"/> REINDEER <input type="checkbox"/> FALLOW DEER		VETERINARIAN'S NAME _____ LAST HERD TB TEST DATE _____ OTHER TEST DATE _____		ORIGIN HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED		DESTINATION HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED		
PERMIT NO. _____ DATE _____								
LIST TWO (2) OFFICIAL FORMS OF INDIVIDUAL IDENTIFICATION			AGE	SEX	TB TEST RESULTS	TEST DATE	OTHER TEST RESULT/DATE	PLEASE CHECK APPLICABLE BOX: <input type="checkbox"/> "THESE CERVIDAE ORIGINATE FROM A HERD IN WHICH THEY HAVE RESIDED FOR AT LEAST ONE (1) YEAR OR INTO WHICH THEY WERE BORN AND NONE OF THE CERVIDAE IDENTIFIED ON THIS CERTIFICATE ARE FROM A CWD EXPOSED, SUSPECT, AFFECTED, SOURCE, POSITIVE, PENDING, TRACE OR ADJACENT HERD. THERE HAS BEEN NO DIAGNOSIS, SIGNS, OR EPIDEMIOLOGICAL EVIDENCE OF CWD IN THIS HERD. THE HERD OF ORIGIN HAS BEEN IN A CWD MONITORING PROGRAM FOR THE PAST YEAR ON JANUARY 1, 2002, FOR THE PAST TWO (2) YEARS ON JANUARY 1, 2003, AND FOR THE PAST THREE (3) YEARS ON JANUARY 1, 2004, AS CERTIFIED BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL." <input type="checkbox"/> THESE CERVIDAE ORIGINATE FROM A HERD, WHICH HAS BEEN DETERMINED TO HAVE CERTIFIED CWD CERVID HERD STATUS BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL."
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

SELLER/OWNER SIGNATURE _____ DATE _____ WITHIN (5) FIVE BUSINESS DAYS OF THE DATE
OF SHIPMENT A COPY OF THIS INTRASTATE MOVEMENT CERTIFICATE SHALL BE MAILED OR FAXED TO THE DIVISION OF ANIMAL INDUSTRY, P.O.
BOX 7249, BOISE, IDAHO 83707-9985, FAX NUMBER 208-334-4062. DISTRIBUTION: ONE COPY –STATE OFFICE; ONE COPY– SELLER/OWNER; ONE COPY-
BUYER/RECEIVER.

Instruction Sheet For Filling Out
Idaho Intrastate Movement of Domestic Cervidae

1. Please include farm name and owner's name, address and phone number.
2. Check box for which species is being moved.
3. Sellers Veterinarian's name is required but **NOT** the veterinarians' signature.
4. Dates of last TB test and any other test need to be recorded.
5. Permit No. must be recorded for Intrastate shipment only under special conditions when required by the administrator of the division of animal industries. (This form will not substitute for an official **interstate** Health Certificate, to move cervidae to another state,, which has to be completed by a veterinarian.)
6. Two forms of official permanent identification, age, and sex are required.
7. TB test results and test date the last complete herd test can be used. If parts of the herd were tested on different dates the date of completion of the entire herd test can be used.
8. Check the appropriate boxes certifying that the herd has been monitored for CWD.
9. Check the appropriate box for the statement, which correctly states the CWD status of the herd of origin.